

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 246236US2S
		First Inventor or Application Identifier Yuui SHIMIZU, et al.
		Title MAGNETIC RANDOM ACCESS MEMORY HAVING TEST CIRCUIT AND TEST METHOD THEREFOR
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets 38</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 13</p> <p>4. <input type="checkbox"/> Oath or Declaration Total Pages </p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>		ACCOMPANYING APPLICATION PARTS <p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations (1)</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i></p> <p>16. <input checked="" type="checkbox"/> Other: Request for Priority, Statement of Relevancy</p>
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:</p> <p>Prior application information: Examiner: Group Art Unit:</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		
<p>18. CORRESPONDENCE ADDRESS</p> <p>Customer Number 22850 (703) 413-3000 FACSIMILE: (703) 413-2220</p>		

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Docket No. 246236US2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yuui SHIMIZU, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: MAGNETIC RANDOM ACCESS MEMORY HAVING TEST CIRCUIT AND TEST METHOD
THEREFOR

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	13 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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